ARIZONA FORM 140NR

Nonresident Personal Income Tax Return

1999

	For t	the year January 1 - December 31, 1999, or other tax year beginning	, 1999, and ending			0. 66		
		first name and initial Last name				o. <u>1001</u>		
	1		Total Social Social			1		
•	If a jo	int return, spouse's first name and initial Last name	Last name Spouse's social		ecurity num	ber		
_	1							
	Prese	ent home address - number and street, rural route Apt. No. Daytime telepho	Daytime telephone É			NT! é		
	2		You must enter () your SSN(s) above.					
-		iown or post office State ZIP code Home telephone	94	For DOR us	. ,	ibovc.		
		5.a.c 5.a.c						
	3							
S	4	Married filing joint return						
tatu	5	Head of household - name of qualifying dependent	88					
Filing Status		Married filing separate return. Enter spouse's social security number above						
≣	7	and full name here. ➤ Single						
ns	8	Age 65 or over (you and/or spouse) Enter the null						
Exemptions	9	Blind (you and/or spouse)		onth federal	extension 82 D	一		
xem	10	Dependents. From page 2, line A2 - do not include self or spouse. a check man		extension 82 F				
ш	Res	idency Status (check one) 11 🔲 Nonresident 12 🔲 Nonresident Active Mil		turn				
	14	Federal adjusted gross income (from your federal return)		00	1			
	15	Arizona income (from page 2, line B15)			15		00	
	16	Additions to income (from page 2, line C19)			16		00	
	17	Add lines 15, and 16			17 18		00	
	18				19		00	
	19 20	Elective subtraction of 1999 federal retirement contributions. See instructions			20		00	
	21	Deductions Check box and enter amount. See instructions page 11. 21 IT			21		00	
	22	Personal exemptions. See page 11 of the instructions		22		00		
	23	Arizona taxable income. Subtract lines 21 and 22 from line 20		23		00		
	24	Compute the tax using Tax Rate Table X or Y		24		00		
	25	Tax from recapture of credits from Arizona Form 301, line 28			25		00	
	26	Subtotal of tax. Add lines 24 and 25	26		00			
	27	Clean Elections Fund Tax Reduction. See instructions, page 12. 27 1 Y				00		
	28	Tax reduction. Complete worksheet on page 13 of the instructions		28		00		
	29 30	Credits from Arizona Form 301, line 53		30		00		
	31	Credit type. Enter form number of each credit claimed	I	- 50		- 00		
	32	Subtract line 30 from line 29. If line 30 is more than line 29, enter zero		32		00		
	33	Clean Elections Fund Tax Credit. From worksheet on page 14	33		00			
	34	Balance of tax. Subtract line 33 from line 32. If line 33 is more than line 32 enter zero	34		00			
	35	Arizona income tax withheld during 1999		35		00		
	36	Arizona estimated tax payments for 1999		36		00		
	37	Amount paid with 1999 Arizona extension request (Form 204)		37		00		
	38	Total payments. Add lines 35 through 37		39		00		
	40	OVERPAYMENT. If line 38 is larger than line 34, enter amount of overpayment		40		00		
ġ.	41	Amount of line 40 to be applied to 2000 estimated tax		41		00		
on t	42	Balance of overpayment. Subtract line 41 from line 40		42		00		
ent	Vol	luntary gifts to:						
ayır	Aid	to Education Fund (Enter entire refund only) 43 00 Arizona Wildlife Fu						
Attach payment on top.	Citiz	zens Clean Elections Fund 45 00 Child Abuse Preve	1					
Atta	Don	nestic Violence Shelter Fund 47 00 Neighbors Helping	4					
نه	_ :	cial Olympics Fund Observed to the server of marking a political city. The properties at 2 The properties	50	00				
: her	51	Check only one if making a political gift: 511 Democratic 512 Libertarian 513			52		00	
ĭ-W	52 53	Estimated payment penalty and interest	32		00			
Attach W-2 here.	54	MSA withdrawal penalty	54		00			
Αţ	55	Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 52 and 54	55		00			
	56	REFUND. Subtract line 55 from line 42. If less than zero, enter amount owed on line 57.	56		00			
	<i>E</i> 7	AMOUNT OWED Add lines 20 and EE Include CCN on normant Make Checks Days	F7		00			

Form 140N	R (199										
PART A Dependents	A1	List children and other dependents. If more space is needed, attach a separate sheet.									
Dependents		First name Last nam		nme Social security num		number	Relationship		lived in	of months n your home	
Do not list						<u> </u>				ir	n 1999
yourself or											
spouse.											
											-
									NT A I	A2	
	A2	Enter total number of	f persons listed in A1	here and on	the front of this for	m, box 10.		10	TAL	AZ	
	A3	Enter the names of the	ne dependents age 6	e 65 or over listed above who do not qualify as y			our dependen	t on your federal re	turn:		
PART B	1999 FEDERAL								1999 <i>I</i>	ARIZONA	
Arizona		Amounts from federal return								e amounts	
Percent of	B4	Wages, salaries, tip	s, etc				B4	00			00
Total	B5	Interest					B5	00			00
Income	B6	Dividends					B6	00			00
	B7	Arizona income tax	refunds				B7	00			00
	B8	Business income or	(loss) from federal S	chedule C			B8	00			00
	B9	Gains or (losses) fro	om federal Schedule	D			B9	00] [00
	B10	Rents, royalties, par	tnerships, estates, tr	usts, small bu	siness corporation	is from			•		
		federal Schedule E					B10	00			00
	B11	Other income report						00			00
	B12	Total income. Add	lines B4 through B11	1			···· B12	00	J L		00
	D12	Other federal adjusts	monto Attach vous	uun ookodulo			B13	00	1 [00
	B13	Other federal adjusti	•					00	L		00
	B14	Federal adjusted gross income. Subtract line B13 from line B12 in FEDERAL Column. B14 00							J		
	B15	Arizona income. Sui	btract line B13 from l	ine B12 in AR	PIZONA Column. E	nter					
			nt of this form on line						B15		0
	B16	Arizona percentage.	Divide line B15 by l	ine B14 and ϵ	enter the result (no	nt over 100%)			B16		
DADT C	C17	Early withdrawal of A	Arizona Potiromont S	System contrib	outions				C17		0
PART C Additions	C18								C18		00
To Income		Other additions to income. See instructions and attach your own schedule							C19		0
•		Exemption: Age 65						00	017		
PART D	D21	Exemption: Alge 63						00			
Subtractions		Exemption: Depende						00			
From	D23							00			
Income	D24	· · · · · · · · · · · · · · · · · · ·						D24		0	
	D25	`````							D25		0
	D26	5 Arizona state lottery winnings included on line B11 in ARIZONA column (up to \$5,000 only)						D26		0	
	D27	7 Alternative fuel vehicles and refueling equipment						D27		0	
	D28								D28		0
	D29	Other subtractions.	See instructions and	attach your d	wn schedule				D29		0
	D30	Total. Add lines D24	through D29. Enter	here and on t	he front of this form	n, line 18			D30		0
PART E	E31	Last name(s) used in	n prior years if differe	ent from name	e(s) used in current	year.					
	I have	e read this return and any	v attachments with it. U	nder penalties	of periury. I declare t	hat to the best	of my knowledg	e and belief, they are	true, cor	rrect and	complete.
	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are tru Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
D I	Your signature Date Occupation										
Please											
Sign	Spou	se's signature				Date	Spouse's occ	upation			
Here											
Paid	Prepa	rer's signature			_	Firm's name	(preparer's if se	lf-employed)	_	_	
Preparer's				T							
Information	Prepa	arer's TIN		Date	Preparer's address	5					
	1			i .	i						

If you are sending a payment with this return, mail to: Arizona Department of Revenue, PO Box 52016, Phoenix AZ 85072-2016.

If you are expecting a refund, or owe no tax, or owe tax but are not sending a payment, mail to: Arizona Department of Revenue, PO Box 52138, Phoenix AZ 85072-2138.